

To: All HOME & CDBG Recipients Notice: FSP-00-13

From: IHFA Community Development Department

Date: October 20, 2000

Re: Revised Financial Forms

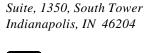
This notice transits the following revised forms:

- ♦ Indiana Housing Finance Authority Homeownership/Rental Housing Project Set-up Report;
- Indiana Housing Finance Authority Homeownership Completion Report;
- Indiana Housing Finance Authority Rental Completion Report;
- ◆ CHDO HOME Claim Voucher & Supplemental Form;
- ♦ HOME Claim Voucher & Supplemental Form; and
- CDBG Claim Voucher & Supplemental Form.

The revised claim vouchers can be used by any grantee; however, the forms must be used by those grantees that were award HOME or CDBG funds in calendar year 2000.

The enclosed forms are designed as Microsoft Word 97 for Windows document that automatically allows you to enter only pre-formatted cells. The forms are available to download from IHFA's Internet website at **www.ai.org/ihfa**, or are available upon request.

If you have questions regarding this correspondence, please contact your IHFA Compliance Specialist.



115 W. Washington St.



(317) 232-7777 (800) 872-0371 http://www.state.in.us/ihfa

Grant #:

Grant Expiration Date:

INDIANA HOUSING FINANCE AUTHORITY HOMEOWNERSHIP/RENTAL HOUSING PROJECT SET-UP REPORT

PROJECT SET-UP REP	ORT			_					
UOC/CODE.				Ι	Oate Form C	ompleted	:		
UOG/CODE:				Date of C	Construction	Contract	:		
HUD Project #:			Name of Person Completing Form:						
HUD Activity #:						Phone #	:		
						Fax#	:		
					ate Entered				
Submit the following: (1) Exhibit B – Summary of Assisted Sites; (2) Exhibit C – Proforma; (3) Exhibit J – Lead Form; and (4) Clearance letter from DHPA.	Submit the information to Indiana Housing Finance ATTN: IDIS Specialist 115 West Washington S Indianapolis, IN 46204	e Authority	Check the A Original S Ownershi Change O Revision	ubmission p Transfer		Acquisitio Acquisitio	y truction Only		
PART A									
Name of Grantee:		Grante	ee Tax ID #:		HOME/CDB	G Funds f	for Project \$		
					Total Estima	ted Cost of	f Project: \$		
PART B: PROJECT INFORMATI	ON (If rental, do not complete	a the owner	information line	bud do cor	nnlata tha ad	drace info	rmation)		
Name of Owner:	Last Name:	e the owner	miormation inic	First Nam	-	11035 111101	mation)		
□ Mr. □ Mrs. □ Ms.									
Street Address of Project:									
City:				State:		Zip Cod	le:		
				Indiana					
						<u> </u>			
If Rental complete the following ow	vner information: Last Name:			First Nam	ie:				
Name of Owner:									
□ Mr. □ Mrs. □ Ms.									
Street Address of Owner:									
City:		State:		Zip Code:	Pho	ne Number	r (including area code):		
		Indiana							
Type of Ownership (check one):	Total Units in Dusies	t Duion	Estimated Units	Total	HOME/CDD		County Code:		
	Total Units in Projec to Assistance:		Upon Completion	n: Assist	HOME/CDB ed Units Upo		County Code.		
☐ Individual ☐ Not-for-Pro	fit			Comp	letion:				
☐ Partnership ☐ Publicly-Ov	vned								
□ Corporation □ Other									
Tenure Type:		(Complete for CH	IDO Project	Enter t	he followi	ng code:		
□ Rental			□ Owned		U.S. C	ongressior	nal District		
☐ Homeownership First-Time Buy	yer		□ Sponsored		State R	lepresenta	tive District		
☐ Homeownership Rehabilitation			□ Developed		State S	Senate Dist	trict		

PART C: HOUSEHOLD CHARACTERISTICS

Property Address:			

			Monthly Re	ent (includin	g Tenant	Income	Data	Household Data	1		
Unit No.	No. of Bedrooms	Occupancy	Tenant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income	% of Area Median Income	Race/Ethnicity of Head of Household	Size of Household	Type of Household	Rental Assistance
	0-0Bedroom 1-1Bedroom 2-2Bedrooms 3-3 Bedrooms 4-4Bedrooms 5-5 or more Bedrooms	1 – Tenant 2 – Owner 9 –Vacant					1 - 0-30% 2 - 30-50% 3 - 50-60% 4 - 60-80% 9 - Vacant	1-White) 2-Black 3-Native Amer. 4-Asian/Pacific Islander 5-Hispanic 9-Vanant	1-1 Person 2-2 Persons 3-3 Persons 4-4 Persons 5-5 Persons 6-6 Persons 7-7 Persons 8-8 or more Persons 9-Vacant	1 - Single/non- elderly 2 - Elderly 3 - Related/Single Parent 4 - Related Two/ Parent 5 - Other 9 - Vacant	1 - Section 8 2 - HOME TBA 3 - Other 4 - No Assistance 9 - Vacant
1											
3											
4											
5											
6											
7											
8											
9											
10											
11 12											
13											
14											
15											
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22											
23											
25											
26											
27											
28											
29											
30											

Grant #:

INDIANA HOUSING FINANCE AUTHORITY HOMEOWNERSHIP COMPLETION REPORT

HOWEO WILENDI	ii com Elio	IN REI ORI	Grant Expiration Date:					
UOG/CODE:				Date Form Completed:				
HUD Project #:				Na	ame of Person Cor	npleti	ing Form:	
<u> </u>		_					Phone #:	
HUD Activity #:							Fax #:	
					Date Ente	ered l	Into IDIS:	
Submit the following: (1) Exhibit C – Proforma (homebuyer project); (2) Exhibit J – Match Log; (3) Exhibit K – Individual – Match Summary; and (4) Match Support Documentation	ority	□ Revision □ New Construction Only □ Acquisition Only Type of Project: □ Acquisition & Rehabilita □ 1-4 Single Family □ Acquisition & New Con □ Condominium □ Cooperative □ Lease Purchase Project? □ Manufactured Home □ Yes			Rehab Only New Construction Only Acquisition Only Acquisition & Rehabilitation Acquisition & New Construction se Purchase Project?			
Name of Grantee:							intee Tax ID #:	
Name of Owner:	Last Name:				First Name:			
□ Mr. □ Mrs. □ Ms.								
Street Address of Project:								
City:					State:		Zip Code:	
					Indiana			
Project Costs								
1. HOME funds (Complete	(1) Direct Loan (payments)	Annual Int	erest Rate	Ar	nortization Period			
appropriate items)	(2) G + (%	(1 '1)		Years		\$	
	(2) Grant (program o	-	-	1			\$	
	(3) Deferred Paymer Loan (DPL)	nt Annual Int	terest Rate	An	nortization Period			
	(forgivable)	%			Years		\$	
	Total HOME Funds	(Total lines 1 – 3)					\$	
2. Public Funds	(1) Other Federal Fu	nds			\$			
	(2) State/Local Appr	opriated Funds			\$			
	(3) State/Local Tax I	Exempt Bond Procee	eds		\$			
	Total Public Funds (Total lines 1 – 3)					\$	
3. Private Funds	(1) Private Loan	Annual Interest	Amortization F	eriod	1			
	Funds	Rate	Years		\$			
	(2) Owner Cash Con	%			\$			
	(3) Private Grants	a rounoll			\$		-	
			Ψ					
4. HOME Program Incor	Total Private Funds	(= 3100 1 0)					\$	
5. Total Project Costs (\$	
	,							

Name of Owner:	Last Name:	First Name:	
□ Mr. □ Mrs. □ Ms.			
Street Address of Project:		·	
City:		State:	Zip Code:
		Indiana	
For Homebuyer Projects		For Homeownership Projects	
Initial Purchase Price:	\$	After Rehab Value:	\$
Appraised Value:	\$	Single Family Mortgage Limit:	\$

Household Characteristics

			Monthly Re	nt (including	Tenant	Income I	Data	Household Data	l		
			Paid Utilitie	s)							
Unit	No. of Bedrooms	Occupancy	Tenant	Subsidy	Total Rent	Monthly	% of Area	Race/Ethnicity of	Size of	Type of Household	Rental Assistance
No.			Contribution	Amount		Gross	Median Income	Head of Household	Household		
	0-0Bedroom	1 – Tenant				Income	1 - 0-30%	1-White)	1-1 Person	1 – Single/non-	1 – Section 8
	1-1Bedroom	2 – Owner					2 – 30-50%	2-Black	2-2 Persons	elderly	2 – HOME TBA
	2-2Bedrooms	9 –Vacant					3 – 50-60%	3-Native Amer.	3-3 Persons	2 – Elderly	3 – Other
	3-3 Bedrooms						4 - 60-80%	4-Asian/Pacific	4-4 Persons	3 – Related/Single	4 – No
	4-4Bedrooms						9 - Vacant	Islander	5-5 Persons	Parent	Assistance
	5-5 or more							5-Hispanic	6-6 Persons	4 - Related Two/	9 - Vacant
	Bedrooms							9-Vanant	7-7 Persons	Parent	
									8-8 or more	5 – Other	
									Persons 9-Vacant	9 - Vacant	
1									9-vacant		
1											
2											
3											
3											
4											

Grant #:

INDIANA HOUSING FINANCE AUTHORITY RENTAL COMPLETION REPORT

RENTAL COMPLETION REPORT								Grant E	xpirat	ion Date:
UOG/CODE:								Date Fo	rm Co	ompleted:
HUD Project #:							Na	ame of Person Cor	npleti	ng Form:
										Phone #:
HUD Activity #:										Fax #:
								Date Ent	ered I	nto IDIS:
Submit the following: (1) Exhibit J – Match Log; (2) Exhibit K – Individual – Match Summary; and (3) Match Support Documentation Does the project have renexception? ☐ Yes	Site d	ATTN: ID	using F IS Spec Vashing	inance Author cialist gton St., 13508	-	☐ Origina ☐ Revisi ☐ Revisi ☐ Type of P ☐ 1-4 Sin ☐ Condo	al Si on Proje ngle omin erativ	e ct: Family ium		e of Project: ehab Only few Construction Only cquisition Only cquisition & Rehabilitation cquisition & New Construction e of Loan:
□ No		□ No		□ No		l Ivialiui	acu	ired Home	# Ur	nits 504 Accessible?
Name of Grantee:									Gra	ntee Tax ID #:
Street Address of Project:										
City:								State:		Zip Code:
								Indiana		
Project Costs							•		•	
HOME funds (Complete approp riate items)	(1)	Direct Loan (payments)		Annual Inte	erest F	Rate	Aı	mortization Period Years		\$
	(2)	Grant (program d	lelivery	livery & development subsidy)			ıbsidy)			\$
	(3)	Deferred Paymer Loan (DPL)	nt	Annual Inte	erest I	Rate	Ar	mortization Period		0
	Tot	(forgivable) al HOME Funds	(Total	% Fines 1 3)				Years		\$
	100	ai iiOME Funus	(Total	inies 1 – 3)						\$
2. Public Funds	(1)	Other Federal Fu	nds					\$		
	(2)	State/Local Appr	opriate	d Funds				\$		
	(3)	State/Local Tax I	Exempt	Bond Proceed	ds			\$		
	Tot	al Public Funds (Total l	ines 1 – 3)				1		\$
3. Private Funds	(1)	Private Loan Funds	Annu Rate	%	Amo	ortization Pe Years	erioc	\$		
(2) Owner Cash Contribution								\$		
		Private Grants al Private Funds (7	Cotol 1:-	200 1 2)				\$		
4. HOME Program Incom		ai Piivate Punds (I	otai III	ies 1 –3)						\$
5. Total Project Costs (Lines 1 –4)								\$
y (,								

Street Address of Project:		
City:	State:	Zip Code:
	Indiana	

Paid Utilities Paid				Monthly Re	nt (including	Tenant	Income l	Data	Household Data	1		
Contribution Cont				Paid Utilitie	s)	,						
1 1 1 1 1 1 1 1 1 1		No. of Bedrooms	Occupancy			Total Rent	Gross		Race/Ethnicity of Head of Household		Type of Household	Rental Assistance
2		1-1Bedroom 2-2Bedrooms 3-3 Bedrooms 4-4Bedrooms 5-5 or more	2 – Owner					2 - 30-50% 3 - 50-60% 4 - 60-80%	2-Black 3-Native Amer. 4-Asian/Pacific Islander 5-Hispanic	2-2 Persons 3-3 Persons 4-4 Persons 5-5 Persons 6-6 Persons 7-7 Persons 8-8 or more Persons	elderly 2 - Elderly 3 - Related/Single Parent 4 - Related Two/ Parent 5 - Other	2 – HOME TBA 3 – Other 4 – No Assistance
3 4 4 4 5 5 6 6 7 8 9 9 10 10 11 11 12 13 13 14 15 15 16 17 18 19 20 20 21 22 23 23 24 24 25 26 27 28 29 10												
4												
5 6 7 8 8 9 10 11 11 12 13 14 15 16 17 18 19 19 20 10 21 10 22 10 23 10 24 10 25 10 26 10 27 10 28 10 29 10												
6												
7 8 9 9 10 9 11 11 12 13 13 14 15 16 17 18 19 19 20 21 21 22 23 24 24 25 26 27 28 29												
8 9 10 11 11 12 13 14 15 16 17 18 19 10 20 10 21 10 22 10 23 24 24 25 26 10 27 28 29 10												
10 11 11 12 13 14 15 16 17 17 18 19 20 19 21 19 22 23 23 24 25 10 26 10 27 10 28 10 29 10												
11 12 13 14 15 16 17 18 19 19 20 10 21 10 22 10 23 10 24 10 25 10 26 10 27 10 28 10 29 10	9											
12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	10											
13 14 15 16 17 18 19 19 20 19 21 19 22 10 23 10 24 10 25 10 26 10 27 10 28 10 29 10 21 10 22 10 23 10 24 10 25 10 26 10 27 10 28 10 29 10	11											
14 15 16 17 17 18 19 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
15 16 17 18 19 19 20 19 21 10 22 10 23 10 24 10 25 10 26 10 27 10 28 10 29 10												
16												
17 18 19 19 20 10 21 10 22 10 23 10 24 10 25 10 26 10 27 10 28 10 29 10												
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25												
26 27 28 29							1					
27 28 29												
28 29							-					
29												
	30											

HOME CHOO CLAIM VOUCHER

Recipient				Grant Number	-	
Address (City,	State, Zip)					
Contact Person			F	Phone Number		
Grant Expiration	n Date	Date Requested		_ Draw Numb	oer	
	** PLEASE REMEMBER	TO ATTACH THE	APPROPRIATE SU	JPPORT DOCUM	MENTATION	
Current Draw:	Budget Line Item	Current Budget	Previous Draws	Current Draw	Total Drawn	Balance to Draw
	CHDO Operating Costs				\$0.00	\$0.00
	CHDO Project Costs				\$0.00	\$0.00
	Developer Fee				\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% of Operating Costs Drawn	#DIV/0!		% of Proje	ect Costs Drawn	#DIV/0!
	M	aximum CHDO Op	erating Cost Draw	\$0.00		
Property Addre	ess Information:					
Project Number	Address		Current Project Set- up Amount*	Previous Drawn	Current Draw	Balance to Draw
	_					\$0.00
	_					\$0.00
	_					\$0.00
	_					\$0.00
	_					\$0.00
	_					\$0.00
Match:						
	Total Amount Committed to Pr	oject				
	Match Amount Expended to D	ate				
	Match Balance		\$0.00			
	that all information is stated here RNING: HUD will prosecute fals	·	_			true and
Authorized Sign	nature				Date	

Supplemental Form - HOME CHDO Claim Voucher

PLEASE NOTE: FINAL DRAW ON AN INDIVIDUAL PROPERTY ADDRESS REQUIRES A LEAD FORM TO BE SUBMITTED

Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

HOME CLAIM VOUCHER

(Local Units of Government & Not for Profit Awards)

Recipient			<u> </u>	Grant Number		
Address (City	y, State, Zip)					
Contact Perso	on			Phone Number		
Grant Expirat	ion Date	Date Requested		Draw Numb	oer	
	** PLEASE REMEMBER	TO ATTACH THE	APPROPRIAT	E SUPPORT DOCU	MENTATION	
Current Draw:	Budget Line Item	Current Budget	Previous Draws	Current Draw	Total Drawn	Balance to Draw
	Administration				\$0.00	\$0.00
	Environmental Review				\$0.00	\$0.00
	Homeownership Counseling				\$0.00	\$0.00
	Acquisition Only				\$0.00	\$0.00
	Rehabilitation				\$0.00	\$0.00
	New Construction				\$0.00	\$0.00
	Downpayment Assistance				\$0.00	\$0.00
	Program Delivery				\$0.00	\$0.00
	Developer Fee				\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		% of Project Cos	sts Drawn	#DIV/0!		
% of Adminis	stration Costs Drawn	#DIV/0!		% of Program Delive	ery Costs Drawn	#DIV/0!
Maximum Ad	lministration Draw	\$0.00		Maximum Program D	Delivery Draw	\$0.00
Property Add	dress Information:					
Project Number	Address		Current Project Set- up Amount*	Previous Drawn	Current Draw	Balance to Draw
						\$0.00
						\$0.00
	_					\$0.00
Match:	Total Amount Committed to Pr	oject				
	Match Amount Expended to D	ate				
	Match Balance		\$0.00			

I hereby certify that all information is stated herein, as well as any information provided in any accompaniment herewith, is true and accurate. WARNING: HUD will prosecute false claims and statements. Conviction may result and/or civil penalties.						
Authorized Signature						

Supplemental Form - HOME Claim Voucher

PLEASE NOTE: FINAL DRAW ON AN INDIVIDUAL PROPERTY ADDRESS REQUIRES A LEAD FORM TO BE SUBMITTED

Property Address				Current Set- up Amount	\$0.00
Troperty radicess	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Downpayment Assistan	nce			\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Developer Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Downpayment Assistan	ace			\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Developer Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Downpayment Assistan	nce			\$0.00	\$0.00

Program Delivery				\$0.00	\$0.00	
Developer Fee				\$0.00	\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

CLAIM – VOUCHER State Form 11294 (R3/5-89) Approved by State Board of Accounts, 1989

INSTRUCTIONS: This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8.

VENDOR BEODMATION									
VENDOR INFORMATION Document Number Date (Month, Day, Year)			AGENCY INFORMATION Agency Name						
Date (Month, Day, Year)			Agency Name						
Vendor Name			Agency Number						
Address (Number, Street)			Social Security Number	r or					
			Federal I.D. Number						
City, State and ZIP Code			Vendor Number						
				AREA B	SELOW TO BE CO	l OMPLETED BY AGE	NCY		
D.A	TE	AMOUNT	FUND	OBJECT	CENTER	LOAN-INV-NBR	QTY.	UNIT	DESCRIPTION
						Furnished to: (Name	e of State	Agency)	
GROSS AMOUNT: \$			INDIANA HOUSING FINANCE AUTHORITY						
I Ce	rtify th	at this claim is corre	ect and valid and	l is a proper charg	e against the State	Agency, Fund and Ce	nter indic	ated.	
Authorized Signature of State Agency				Date (Month, Day, Year)					
that	the am	ount claimed is lego				that the foregoing Fu art of the same has been	n paid.	enter is jus	st and correct;
Signature of Vendor				Date (Month, Day, Year)					

CDBG CLAIM VOUCHER

Recipient			_	Grant Number			
Address (City, S	State, Zip)						
Contact Person				Phone Number			
Grant Expiration	n Date	Date Requested	Date Requested Draw Number				
	** PLEASE REMEMBER TO	O ATTACH THE	APPROPRIATE	SUPPORT DOCUM	MENTATION		
Current Draw:	Budget Line Item	Current Budget	Previous Draws	Current Draw	Total Drawn	Balance to Draw	
	Administration				\$0.00	\$0.00	
	Environmental Review				\$0.00	\$0.00	
	Emergency Shelter/Tranisitional Housing Operations				\$0.00	\$0.00	
	Planning				\$0.00	\$0.00	
	Acquisition Only				\$0.00	\$0.00	
	Acquision/Demolition				\$0.00	\$0.00	
	Emergency/Youth Shelter				\$0.00	\$0.00	
	Relocation				\$0.00	\$0.00	
	Rehabilitation				\$0.00	\$0.00	
	New Construction				\$0.00	\$0.00	
	Program Delivery				\$0.00	\$0.00	
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		% of Project Cos	ts Drawn	#DIV/0!			
% of Administra	ation Costs Drawn	#DIV/0!	9	% of Program Delive	#DIV/0!		
Maximum Adm	inistration Draw	\$0.00	N	Maximum Program D	Delivery Draw	\$0.00	
Property Addre	ess Information:						
Project Number	Address		Current Project Set- up Amount*	Previous Drawn	Current Draw	Balance to Draw	
	_		<u>up miount</u>			\$0.00	
	_					\$0.00	
	_					\$0.00	
	_					\$0.00	
	_					\$0.00	
Match:							
	Total Amount Committed to Proj						
	Match Amount Expended to Dat	e					
	Match Balance		\$0.00				

Supplemental Form - CDBG Claim Voucher

PLEASE NOTE: FINAL DRAW ON AN INDIVIDUAL PROPERTY ADDRESS REQUIRES A LEAD FORM TO BE SUBMITTED

Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Acquision/Demolition				\$0.00	\$0.00
Emergency/Youth Shelter				\$0.00	\$0.00
Relocation				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Property Address				Current Set- up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Acquision/Demolition				\$0.00	\$0.00
Emergency/Youth Shelter				\$0.00	\$0.00
Relocation				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00